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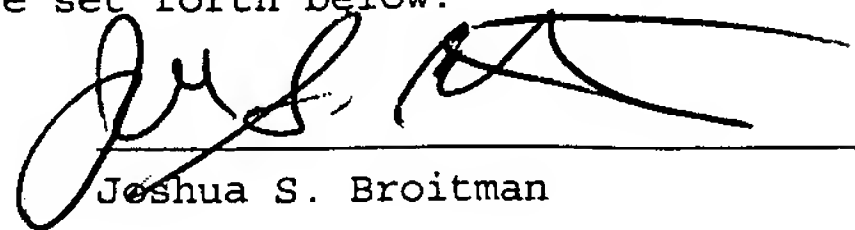
Docket No. B-04-0072

CERTIFICATE OF MAILING

The undersigned hereby certifies that this correspondence is being deposited with the U.S. Postal Service as, first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, ATTN: Group 3644 on the date set forth below.

March 7, 2006

Date

  
Joshua S. Broitman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Christopher J. Mills

Serial No.: 10/708,810

Art Unit: 3644

Filed : 3/26/2004

Examiner: Galen L. Barefoot

For : OVERHEAD SPACE ACCESS CONVERSION MONUMENT AND SERVICE AREA STAIRCASE AND STOWAGE SYSTEM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a      Preliminary Amendment; X Response to Non-Final Office Action; X Amendment; X Other (Power of Attorney; Information Disclosure Statement).

FEE FOR ADDITIONAL CLAIMS

X A fee for additional claims is not required.

     A fee for additional claims is required. The additional fee has been calculated as shown below:

|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | NUMBER OF<br>EXTRA<br>CLAIMS |  | LARGE<br>ENTITY<br>RATE |   | ADDITIONAL<br>FEE |
|--|---|---|---|---|------------------------------|--|-------------------------|---|-------------------|
| TOTAL CLAIMS:                                  | 39  | - | 40 *  | = | 0                            |  | x \$50                  | = | \$ 0              |
| INDEPENDENT<br>CLAIMS:                         | 4   | - | 5 **  | = | 0                            |  | x \$200                 | = | 0                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |   |                              |  | + \$115                 | = | 0                 |
| If less than 20, insert 20.                    |   |   |   |   |                              |  | TOTAL FEE DUE           | = | \$ 0              |
| If less than 3, insert 3.                      |   |   |   |   |                              |  |                         |   |                   |

Our check for payment of the additional claims fee is enclosed.  
Please charge \$\_\_\_\_\_ to Deposit Account No. 50-3195 in payment of the fee. Triplicate copies of this transmittal letter are enclosed.

**CONDITIONAL PETITION FOR EXTENSION OF TIME:**

X It is hereby requested that the following extension of time and fee be applied for this Response pursuant to 37 C.F.R. 1.136(a):

Large Entity: \_\_\_\_\_ \$120 fee for response within first month;  
\_\_\_\_\_ \$450 fee within second month; \_\_\_\_\_ \$1,020 fee within third month.

Our check for payment of the extension fee is enclosed.  
X Please charge the above-indicated extension fee to Deposit Account No. 50-3195.

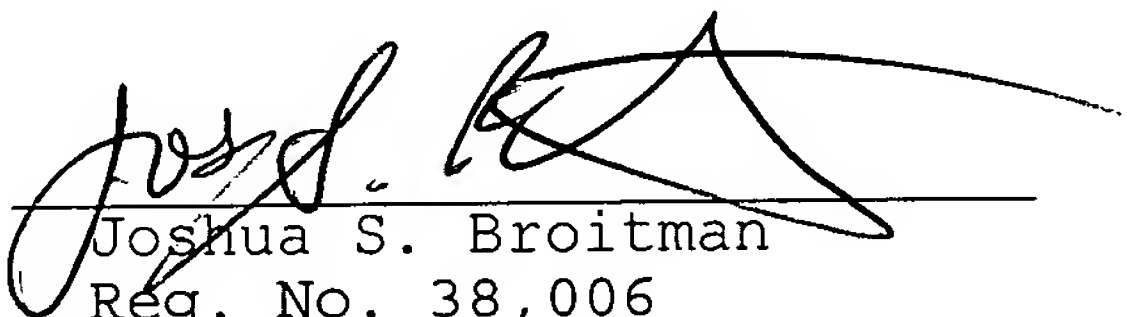
X The Commissioner is authorized to charge payment of any additional extension or other fee under 37 CFR 1.16 or 1.17 which may be required by this paper or credit any overpayment of same to Deposit Account No. 50-3195.

Respectfully submitted,

OSTRAGER CHONG FLAHERTY & BROITMAN P.C.  
Customer No. 44702  
Attorneys for Applicants

Dated: March 7, 2006

By:

  
Joshua S. Broitman  
Reg. No. 38,006